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Bib Data Sheet

CONFIRMATION NO. 9660

<b>SERIAL NUMBER</b> 09/080,684	<b>FILING DATE</b> 05/18/1998 <b>RULE</b>	<b>CLASS</b> 405	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> TH-1038
<b>APPLICANTS</b> THOMAS MIKUS, HOUSTON, TX; HAROLD J. VINEGAR, HOUSTON, TX; ERIC DE ROUFFIGNAC, HOUSTON, TX;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/047,215 05/20/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/05/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 10
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> DEL S CHRISTENSEN SHELL OIL COMPANY INTELLECTUAL PROPERTY P O BOX 2463 HOUSTON, TX 772522463				
<b>TITLE</b> REMEDIATION METHOD				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	



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## APPLICANTS

THOMAS MIKUS, HOUSTON, TX;

 HAROLD J. VINEGAR, HOUSTON, TX;  
 ERIC DE ROUFFIGNAC, HOUSTON, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/047,215 05/20/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/05/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

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 AUSTIN, TX  
 78767-0398

OK

## TITLE

REMEDICATION METHOD

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<b>TITLE</b> REMEDICATION METHOD						
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